

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10817374

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42	/					
43		/				
44		/				
45		/				
46		/				
47		/				
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.		21				
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
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60						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						